

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

JUN 13 2005

JAMES W. McCORMACK, CLERK

By: [Signature]

DEP. CLERK

PARIA RODE  
ADD 170531  
(Enter above the full name of the plaintiff(s)  
in this action.)

V.

CASE NO. 5:05CV00177

HDC

(Enter above the full name of the defendant(s)  
in this action.)

I. Previous Lawsuits

- a. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ✓

- b. If your answer to "a" is "Yes", describe each lawsuit in the space below including the exact plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_  
This case assigned to District Judge Holmes  
and to Magistrate Judge Young

2. Court (if federal court, name the district; if state, name the county): \_\_\_\_\_

3. Docket Number: NO

4. Name of judge to whom case was assigned: NO

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?): No

6. Approximate date of filing lawsuit: No

7. Approximate date of disposition: No

II. Place of Present Confinement: No

III. There is a prisoner grievance procedure in the Arkansas Department of Corrections. ~~Failure to complete the grievance procedure may affect your case in federal court.~~

a. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No         

b. If your answer is "yes", attached copies evidencing completion of the final step of the grievance appeal procedure. **FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.**

c. If your answer is "no", explain why not:         

#### IV. Parties

(In item "a" below, place your name in the first blank and place your present address in the second blank.

a. Name of Plaintiff: DARIN RODE

Address: 15M, P.O. BOX 400 BRADY AR 71644-0400

Name of Plaintiff:         

Address:

Case 5:05-cv-00177-JH Document 2 Filed 06/13/05 Page 8 of 33  
(In item "b" below, place the full name of the defendant in the first blank, his position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

b. Defendant: MR Goltz  
Position: CPI  
Place of Employment: ARC Brickys  
Address: EAST ARK Reg UNIT P.O. BOX 8707 Brickys Ark 72520

Defendant: MR, LARRY B. Harris  
Position: Director  
Place of Employment: Central office  
Address: P.O. BOX 8707 PNC Bldg ARK 71611-8707

Defendant: RAY HOBBS  
Position: Assl Director  
Place of Employment: Central office  
Address: P.O. BOX 8707 PNC Bldg ARK 71611-8707

Defendant: MR, AVANT  
Position: CPI  
Place of Employment: ARC Brickys UNIT  
Address: EAST ARK Reg UNIT Brickys Ark 72520

(In item "b" below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

b. Defendant: MS, CRAWFORD

Position: NURSE

Place of Employment: Infirmary CMS

Address: EAST ARK BRICKY UNIT P.O. Box 180  
Brick, Ark 72322

Defendant: MS, J. YARBROUGH

Position: R.A.

Place of Employment: Central office

Address: P.O. Box 8707 Pine Bluff Ark 71611-8707

Defendant: MS, T. Compton

Position: STEVANU Coordination

Place of Employment: Central office

Address: P.O. Box 8707 Pine Bluff Ark 71611

Defendant: ~~MS, DR SHAN~~

Position: ~~DR~~

Place of Employment: ~~Varner Unit~~

Address: ~~P.O. Box 4006 Ark 71244-4006~~



(In item "b" below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

b. Defendant: MR, Greg HARMON

Position: WARDEN

Place of Employment: Brickley UNIT ADC

Address: EAST ARK Reg UNIT P.O. Box 180 Brickley Ark 72320

Defendant: MR, J. BANK'S

Position: ASSIST WARDEN

Place of Employment: Brickley's UNIT ADC

Address: EAST ARK Reg UNIT P.O. Box 180 Brickley Ark 72320

Defendant: MR, E. WILLIAM

Position: MAJOR

Place of Employment: ADC Brickley's UNIT

Address: EAST ARK Reg UNIT P.O. Box 180 Brickley Ark 72320

Defendant: MR, K. SANDER'S

Position: Sgt

Place of Employment: ADC Brickley's UNIT

Address: EAST ARK Reg UNIT P.O. Box 180 Brickley Ark 72320

(In item "b" below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

b. Defendant: ~~G. Harris~~

Position: ~~WARDEN~~

Place of Employment: ~~WATER UNIT~~

Address: ~~P.O. Box 400 VSM Grady Ark 71644~~

Defendant: ~~JR, ANDERSON~~

Position: ~~DR~~

Place of Employment: ~~CMS, Central office~~

Address: ~~P.O. Box 8707 Pine Bluff Ark 71641-8707~~

Defendant: ~~MR, MAX MOBLEY~~

Position: ~~DR~~

Place of Employment: ~~CENTRAL office~~

Address: ~~P.O. Box 8707 PINE BLUFF ARK 71611-8707~~

Defendant: ~~MR, WATSON~~

Position: ~~ASSIST WARDEN~~

Place of Employment: ~~Brockway UNIT 6 ARK~~

Address: ~~P.O. Box 8808 Brockway ARK 72320~~

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

SAY-T HAD A ALTERATION  
on 3-13-05 - IN IBO 3'84W  
Review SECURITY log Book's

VI. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

400,000 AND for my PAIN  
AND SUFFERING

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this SUN day of JAN, 20 05

DARRIN R

Signature(s) of Plaintiff(s)

**GRIEVANCE ACKNOWLEDGEMENT**

TO: Inmate Rone, Darren

ADC #: 120531A

FROM: Hattaway, Judy C

TITLE: Grievance Officer

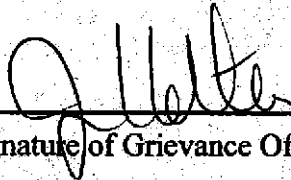
RE: Notification of Grievance Received.

GRIEVANCE #: VSM05-01203

DATE: 06/03/2005

Please be advised, I have received your Grievance dated 06/02/2005 on 06/03/2005

You will receive communication from this office regarding the Grievance by 07/01/2005

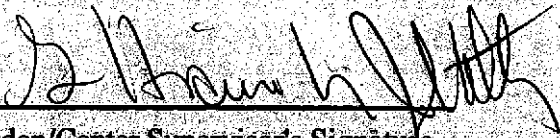


Signature of Grievance Officer/ARO

**CHOOSE ONE OF THE FOLLOWING**

- ☒ This Grievance is of a medical nature and has been forwarded to the infirmary staff.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.  
Action Taken:

- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.



Warden/Center Supervisor's Signature

Deputy/Assistant Director or Director's  
Signature

1. The first of these is the

second of these is the

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**INFORMAL RESOLUTION FORM (Attachment 1)**UNIT/CENTER 130

PLEASE PRINT

Name David R. [illegible] ADC# 14541 Brks ELL Job Assignment [illegible]IS THIS AN EMERGENCY SITUATION? YES ✓ NO     If yes, why? [illegible]

(An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

SAVING MYSELF FROM HARM

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY****STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME (PLEASE PRINT FULL NAME) \_\_\_\_\_ Staff Code \_\_\_\_\_ Date Received \_\_\_\_\_

Was this situation an emergency? YES     NO    

Was there a complaint against the staff? YES     NO     If yes, give name of person(s) involved \_\_\_\_\_

Resolution taken (check all that apply) \_\_\_\_\_

Was issue resolved? YES     NO     If not, time agreed that issue was resolved was \_\_\_\_\_

Staff Signature/Date \_\_\_\_\_ Inmate Signature/Date \_\_\_\_\_

DISTRIBUTION: YELLOW - Inmate's Copy

(AFTER COMPLETION) PINK - Problem Solver Copy BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

810-00

**PLEASE PRINT**

IS THIS AN EMERGENCY SITUATION? YES / NO    If yes, why?   

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. **REPRISALS:** If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. **One issue** or incident per complaint form. Additional pages or forms will not be allowed.

SAY DATE, ~~1/1~~ - Keep 1/100 TL

\_\_\_\_\_  
 Sample Signature Date

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

### STAFF RECEIPT AND ACTION TAKEN

PRINT NAME (PROBLEM SOLVER) \_\_\_\_\_ Staff Code \_\_\_\_\_ Staff Signature / Date \_\_\_\_\_

Was this deemed an emergency? Yes No

Was there a need to contact medical services? No If yes, give name of person contacted? \_\_\_\_\_

Describe action taken to resolve complaint, including dates.

Was issue resolved? Yes ☒ No ☐ Does inmate agree that issue was resolved? Yes ☒ No ☐

Staff Signature/Date \_\_\_\_\_ Inmate Signature/Date \_\_\_\_\_

**DISTRIBUTION: YELLOW - Inmate Receipt**

**(AFTER COMPLETION) PINK – Problem Solver Copy      BLUE – Grievance Officer**

**ORIGINAL** – Given back to the Inmate After Completion

810-00



**GRIEVANCE FORM - (Attachment 1A)**

FOR OFFICE USE ONLY

UNIT/CENTER USN

Grv. # \_\_\_\_\_

Date Received \_\_\_\_\_

Grievance Code: \_\_\_\_\_

PLEASE PRINT

Name Deborah ADC# 112551 Brks E68 Job Assignment \_\_\_\_\_IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐\*\*\*\*\*  
**All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.****THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED****Informal Action Taken**Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 3-15-05Why do you feel the informal resolution was unsuccessful? SAY I HAVE BEEN DENIED MEDICAL TREATMENT MY MEDICAL NEEDS IS SERIOUS\*\*\*\*\*  
Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.SAY THE INFIRMARY STAFF KEEP DENYING me medical treatment I keep putting in sick call complaining ABOUT my MEDICAL NEED ALL THE TIME PLEASE TAKE ACTION THIS MATTER ON THEM VIOLATING MY RIGHTS DENYING me medical treatmentsIS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒ Why? SAY I AM NOT GETTING MEDICAL TREATMENT

An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature. If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt and deliver it without delay to the Warden, the Warden's Supervisor, or in their absence, to the appropriate assistant Warden. If this is not done, you are warned or threatened because of your use of the grievance form, report immediately to the Warden.

INMATE SIGNATURE \_\_\_\_\_

DATE 3-15-05

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

**RECEIPT FOR EMERGENCY SITUATIONS**

OFFICER (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

FROM WHICH INMATE? \_\_\_\_\_ ADC# \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

UNIT/CENTER *125*

Grv. #

Date Received \_\_\_\_\_

**Grievance Code:**

**PLEASE PRINT**

Name DAN K ADC# 17031 Brks 66 Job Assignment

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐

**All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.**

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

### Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 5/3/08

Why do you feel the informal resolution was unsuccessful? swifly have been denied national treatment by this employer

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.

PLEASE TELL SETS TO JES EMPLOYED. DENYED ANY  
MEDICAL TREATMENT BECAUSE I HAD LEAD BOLD SIDE  
SPRINGS BUT IN AN INMATE STATE VIOLATIONS MY 8 MINUTE  
EXERCISES BUT TAKE 15 MINUTE TO DO. INFLAMMATION  
PLEASE TELL SETS TO THIS MATTER ON THE DENYED  
THE MEDICAL TREATMENT

**IN A LIFE-OR-DEATH EMERGENCY SITUATION, YES OR NO? LIVES AT RISK**

[illegible]

DATE \_\_\_\_\_

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

## RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

FROM WHICH INMATE? \_\_\_\_\_ ADC# \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



**Arkansas Department of Correction**

P.O. Box 8707  
Pine Bluff, Arkansas 71611-8707  
Phone: (870) 267-6999  
Fax: (870) 267-6258  
[www.state.ar.us/doc](http://www.state.ar.us/doc)

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**Memorandum**

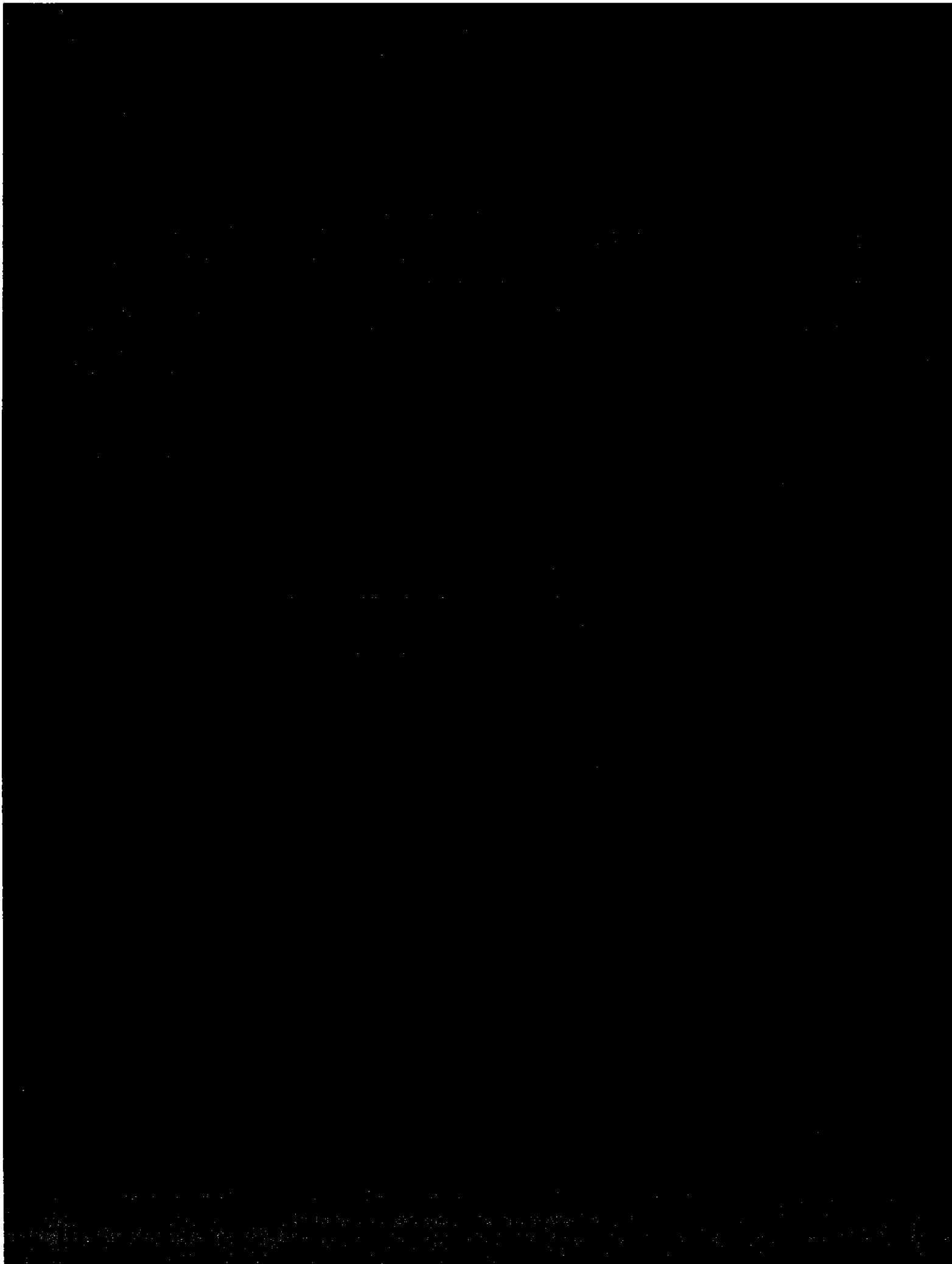
**TO: Darren Rone, ADC #120531 – Varner Super Max Unit**  
**FROM: Mrs. L. Compton, Inmate Grievance Supervisor**  
**RE: Yellow Copy of Grievance**  
**DATE: May 20, 2005**

**This is to acknowledge receipt of your Yellow Copy of your Grievance, which was received in my office on April 05, 2005 dated 3-15-05. Please be advised that time restraints and other job duties have prevented an earlier response.**

**Your Yellow Copy of your Grievance is being returned to you due to your failure to follow the proper Inmate Grievance Procedure according to Administrative Directive #04-01 & Administrative Regulation #835. Policy states that the original Attachments are to be sent on Appeal, not the yellow copy. To be able to respond to your grieved concerns properly as well as effectively, I need all required and necessary Attachments (Attachment I, Attachment IA & Attachment II). You only sent your Yellow Copy of Attachment IA and not the originals as required by policy nor Attachment I or the Warden/Center Supervisor Decision. Your document is therefore being returned to you without action due to your failure to follow policies and procedures.**

**After you send me all of the necessary and required Attachments, I then can respond to your grieved concerns.**

**\*A breakdown of the steps of AD #04-01 is attached to this memo.**



# INTERNATIONAL RESOLUTIONS

## DECLARATION

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PLEASE PRINT

NAME \_\_\_\_\_

ADC# 7113

**PINKS** 16

## Job Assignment

IS THIS AN EMERGENCY SITUATION? YES ☐ NO ☒

If yes, why?

(An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. **REPRISALS.** If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. **One issue or incident per complaint form. Additional pages or forms will not be allowed.**

[illegible]

74250

6-2-08

## Journal of Management Education

100

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

### STAFF RECEIPT AND ACTION TAKEN

PRINTS ARE FOR SALE PROBABLY SCIENTIST

**STAIRS**

**中国书画函授大学肇庆分校**

**Williams-Sonoma** **Gift Certificates** **Gift Certificates** **Gift Certificates** **Gift Certificates**

has been a great success for the company. "We have been able to do this by focusing on the core competencies of our company and by being very aggressive in our marketing efforts," says Smith. "We have also been able to maintain a high level of customer service, which is a key factor in our success."

Describe action taken to resolve or contain the disciplinary case.

Was issued by the U.S. Fish and Wildlife Service

 $\sqrt{15}$ 

Does female tree shrews in estrus always have a red vulva?

Staff Signature/Date \_\_\_\_\_

## Integrating the Initiative

**DISTRIBUTION: YELLOW** - Inmate Reception

(AFTER COMPLETION) PINK - Problem Solver Conv

BLUE - Grievance Officer

**ORIGINAL** – Given back to the Inmate After Completion

810-00

UNIT/CENTER

Grv. #

**Date Received****Grievance Code:**

**PLEASE PRINT**

Name

ADC# 1052

Brks b b

## Job Assignment

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 3-13-05

Why do you feel the informal resolution was unsuccessful? *PKL B. No. 172, PKL H. No. 173, 1757*

Compton, G. Harmon, W. B. Anderson, J. M. H. La Boeuff, E. W. L. A. R.  
J. S. Crawford, J. M. H. La Boeuff, J. M. H. La Boeuff, J. M. H. La Boeuff  
J. M. H. La Boeuff, J. M. H. La Boeuff, J. M. H. La Boeuff, J. M. H. La Boeuff

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

SAY I BEEN TRYING TO GET SOME MEDICAL TREATMENT BECAUSE I BEEN HAVING LEFT BACK SIDE PAINS FROM WHEN THIS EMPLOYEE'S JUMPED ON ME 3/13/01. I TOLD 3P THAT AT 8AM AND WHEN I BEEN TOLD BY NUMEROUS OF THE LADS THEY KEEP DENYING ME A DATE MAY 8 AM. DENYING ME SO I CAN GO TO THE HOSPITAL. I AM IN PAIN.

P-113A EMERGENCY RELEASE VALVE 100% TEST OK 12-11-83

[illegible]

INMATE SIGNATURE \_\_\_\_\_

**M. V. N.**

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

## RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print)

**Signature**

FROM WHICH INMATE?

ADC# 120531

DATE: 6-3-05

TIME: 8:40 PM



UNIT/CENTER

Grv. #

**Date Received**

**Grievance Code:**

**PLEASE PRINT**

Name \_\_\_\_\_

ADC#

Brks 568

## Job Assignment

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐

**All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.**

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

### Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 6-2-03

Why do you feel the informal resolution was unsuccessful? MR. NORTON, 11th, HADDY, 3-13-03  
MR. HARMON, MR. J. BANKS, MR. E. WILLIAM, MR. K. SANDER, 11:30  
MR. GOLDB, MR. J. WAIN, MR. T. LAMPTON, MS. V. SHAH, 11:30  
MR. J. ARBOLITZ, MR. M. MAMORIS, MR. WATSON, MR. HARRIS, MS. L. WAIN

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

MR ANDERSON: I keep trying to get some medical treatment  
because I have written this matter up word I had a  
altercation with some employee DUEARY on 3-13-05  
-BUT I AM UNWILLING TO LET THEM TAKE MYERS BAD SIDE  
SOME TRYING TO NOTIFIED ANYBODY TRY TO GET SOME  
MEDICAL TREATMENT FROM THE INFIRMARY STAFF AT  
PSC MRS TRY NOTIFIED DR SHAB FROM THE HICKINS  
MILITARY HOSPITAL. I WAS INVESTIGATE  
A REPORT ON THE MORNING MAY 1 FROM MR  
KUSKAS ON LITIGATION TO COMPLAIN AT CENTRAL  
OFFICE OF COURTESY OF HIS COMPLAINTS

3. IS THERE AN EMERGENCY SITUATION? YES ☒ NO ☐ (SEE V7)

[illegible]

DATE: \_\_\_\_\_

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

## RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) Ricky Webb Signature [Signature]

FROM WHICH INMATE? Daren Romic ADC# 110531

DATE: 6-3-85 TIME: 5:30 AM

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

[illegible]





PLEASE PRINT

Name	ADC#	Brkst	Job Assignment
------	------	-------	----------------

IS THIS AN EMERGENCY SITUATION? YES / NO If yes, why?

An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. **REPRISALS:** If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. **One issue or incident per complaint form. Additional pages or forms will not be allowed.**

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

### STAFF RECEIPT AND ACTION TAKEN

PRINT NAME (Last, First, Middle Initial) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Stamp/Signature/Date (optional) \_\_\_\_\_

is not defined anywhere by the text.

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Designed to overcome some of the following issues:

Reserve 30000 / 40000 / 50000 / 60000 / 70000 / 80000 / 90000 / 100000 / 110000 / 120000 / 130000 / 140000 / 150000 / 160000 / 170000 / 180000 / 190000 / 200000 / 210000 / 220000 / 230000 / 240000 / 250000 / 260000 / 270000 / 280000 / 290000 / 300000 / 310000 / 320000 / 330000 / 340000 / 350000 / 360000 / 370000 / 380000 / 390000 / 400000 / 410000 / 420000 / 430000 / 440000 / 450000 / 460000 / 470000 / 480000 / 490000 / 500000 / 510000 / 520000 / 530000 / 540000 / 550000 / 560000 / 570000 / 580000 / 590000 / 600000 / 610000 / 620000 / 630000 / 640000 / 650000 / 660000 / 670000 / 680000 / 690000 / 700000 / 710000 / 720000 / 730000 / 740000 / 750000 / 760000 / 770000 / 780000 / 790000 / 800000 / 810000 / 820000 / 830000 / 840000 / 850000 / 860000 / 870000 / 880000 / 890000 / 900000 / 910000 / 920000 / 930000 / 940000 / 950000 / 960000 / 970000 / 980000 / 990000 / 1000000

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Inmate Signature/Date

**DISTRIBUTION: YELLOW** (moderate risk)

**(AFTER COMPLETION) PINK -- Problem Solver Copy      BLUE -- Grievance Officer**

**ORIGINAL** – Given back to the Inmate After Completion

810-00

UNIT/CENTER EARU

**Grv. #**

**Date Received**

**Grievance Code:**

**PLEASE PRINT**

# Plane

DARIN BONE

ADC#

12057

**Break**

5-8

## Job Assignment

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes

No

No

**All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.**

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED

### Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 3-13-05

DO YOU FEEL THE INFORMATION IS CORRECT AND ACCURATE? YES NO/WORK DO YOU BELIEVE  
DO YOU WILL NOT HAVE HANDWRITING ON A 8/150 HEREON THE  
SECURITY/ISSUED BY PAROLE BOARD APPROX 4/15/80  
SIGNED STAFF AND LARRY CLARK IS A WITNESS

Please write a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, dates, placed personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.

[illegible]

1. NAME: TERENCE JOHN COLEMAN 2. DOB: 1945 3. SIGN: COLEMAN  
 4. IS: 1945 5. LEAVE: 1945 6. SIGN: COLEMAN

For the purpose of this study, the authors selected the following items to represent the construct of perceived organizational support: (1) "The organization cares about its employees' well-being," (2) "The organization does what it says," (3) "The organization is fair in its policies and procedures," (4) "The organization is willing to listen to employees' concerns," (5) "The organization is willing to help employees with their problems," (6) "The organization is willing to provide employees with the resources they need to do their jobs," (7) "The organization is willing to provide employees with the training they need to do their jobs," (8) "The organization is willing to provide employees with the information they need to do their jobs," (9) "The organization is willing to provide employees with the support they need to do their jobs," and (10) "The organization is willing to provide employees with the encouragement they need to do their jobs." The items were rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

RECEIVED  
INVESTIGATION  
JAN 10 1964

REFILED OUT BY THE RECEIVING OFFICE

RECEPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

FROM WHICH INMATE? \_\_\_\_\_ ADC# \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ 810-1

1. The first of these is the fact that the

the second is the fact that the

the third is the fact that the

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the sixty-fifth is the fact that the

the sixty-sixth is the fact that the



**INFORMAL RESOLUTION FORM (Attachment 1)**

UNIT/CENTER \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ ADO# \_\_\_\_\_ Bk's \_\_\_\_\_ Job Assignment \_\_\_\_\_

IS THIS AN EMERGENCY SITUATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, why? \_\_\_\_\_

An emergency situation is one in which you may be subjected to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature. If you marked yes, you may give this completed form to the designated problem-solving staff, who will submit an attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff, REPRISALS. If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, persons involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

Inmate Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY****STAFF RECEIPT AND ACTION TAKEN**

PRIMARY STAFF MEMBER INVOLVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Was the inmate's complaint resolved? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there a need to contact medical staff? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date of contact with staff \_\_\_\_\_

Describe action taken to resolve complaint, including date \_\_\_\_\_

Was issue resolved? Yes \_\_\_\_\_ No \_\_\_\_\_ Does inmate agree that issue was resolved? Yes \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

DISTRIBUTION: BELOW (Attach a Receipt)

AFTER COMPLETION: PINK - Problem Solver Copy BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

810-00

**INFORMAL RESOLUTION FORM (Attachment 1)**

UNIT/CENTER \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_

ADC# \_\_\_\_\_

Brks \_\_\_\_\_

Job Assignment \_\_\_\_\_

IS THIS AN EMERGENCY SITUATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, why? self defense

(An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. **REPRISALS:** If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

Inmate Signature \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY****STAFF RECEIPT AND ACTION TAKEN**

PRINT STAFF NAME/PROBLEM SOLVER \_\_\_\_\_

Staff Code \_\_\_\_\_

Staff Signature/Date \_\_\_\_\_

Was this an immediate emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there an incident or contact involved? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of person involved: \_\_\_\_\_

Describe action taken to solve complaint, including dates: \_\_\_\_\_

Was issue resolved? Yes \_\_\_\_\_ No \_\_\_\_\_

Does inmate agree that issue was resolved? Yes \_\_\_\_\_ No \_\_\_\_\_

Staff Signature/Date \_\_\_\_\_

Inmate Signature/Date \_\_\_\_\_

DISTRIBUTION: YELLOW - Inmate Receipt

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BLUE - Grievance Officer

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810-00



## INFORMAL RESOLUTION FORM (Attachment D)

## UNIT CENTER

PLEASE PRINT

**Figure 1**

8. IF AN EMERGENCY SITUATION? YES NO

An emergency situation is one in which you may be subjected to a situation that can physically harm you, should you be exposed to the conditions that are not of a sanitary nature. If you think yes, you may give this complaint form to the designated problem-solving staff who will return it to the designated emergency contact. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the manager.

6. **BRIEF** statement of your complaint, concern. This statement may be as long as one page, but it must be complete, clear, precise, personally involved and how you were affected. One issue or incident per complaint form. Additional pages for form will not be allowed.

DATE: 12/18/2012

[illegible][illegible]

● 1994 年 12 月 1 日

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Journal compilation © 2004 Blackwell Publishing Ltd

**ORIGINAL PAPER**

100% (2 of 2) patients had a positive result

15. **THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES AND AGENCIES.**

(AFTER COMPLETION) PINK – Problem Solver Copy BLUE – Grievance Office

ORIGINAL – Given back to the inmate After Completion

810-00

Name

ADG#

**Bikes**

## Job Assignment

IS THIS AN EMERGENCY SITUATION? YES NO If yes, why?

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. **One issue or incident per complaint form. Additional pages or forms will not be allowed.**

**Director's Signature**

TABLE 1. *Continued*

## THIS SECTION TO BE FILLED OUT BY STATE ONLY

### STAFF RECEIPT AND ACTION TAKEN

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## References

**参考文献**

PAID - 1002-0000

Was this deemed an emergency? Yes No

While you intend to continue to work, yes No If not, are you planning to return to work at all?

Describe action taken to resolve complaints and findings.

Was issue resolved: ☒ Yes

LOIS is more a free market than a free response

Staff Signature/Date

Article 99 Article 92a

**DISTRIBUTION:** YELLOW - Inmate Release

**(AFTER COMPLETION) PINK – Problem Solver Copy BLUE – Grievance Officer**

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810-00



F-831-2

# Arkansas Department of Correction

## EAST ARKANSAS REGIONAL

Unit

Iso-08

### DISCIPLINARY HEARING ACTION

150-08

RONE, DARREN  
 Inmate 04-1, 04-2, 05-3, 09-2, 11-1, ADC # 120531 Unit EARU  
 Rule Violation(s) 03/18/2005 Date/Time of Alleged Offense(s) 05:10 PM - 03/13/05  
 Hearing Date IDM/2005 Time: Start 08:27 AM End 08:46 AM  
 Recorder 005 Tape # 005 Side B Meter: From 055 To 242  
 Plea: NA Attendance Waived: Yes NA  
 Has waiver form been completed NA

#### Inmate's Statement

IF HE COME TO SHAKEDOWN ANOTHER INMATE HOW COULD I STICK HIM?  
 NO MAN HERE'S WHAT HAPPENED CLARK WAS SITTING ON THE COMMODE AND I WAS SITTING ON THE BED AND WE  
 WAS CHOPPING IT UP AND GOLATT AND AVANT COME DOWN THERE AND GOT CLARK AND THEY LET HIM GO TO THE  
 SHOWER WITH NO CUFFS ON. THEN THEY BROUGHT HIM BACK AND ASKED ME DID I HAVE A PROBLEM  
 I SAID MAN AND I SAID KNOW THEN AVANT SAID SAME OLD STUFF LIKE I BET YOU WOULDN'T BET IF I WAS BACK HERE

REFUSED

Signature of Inmate

#### Court Questions:

DO YOU HAVE A STATEMENT?  
 DID YOU SAY OFC. AVANT?  
 WHO ASKED YOU DID YOU HAVE A PROBLEM?

Verdict 04-1, 04-2, 05-3, 09-2, 11-1 Punishment LOSS OF 15 DAYS GOOD TIME

Factual Basis for Decision (This is a short synopsis of the facts as the hearing officer perceives them after reviewing all of the evidence.)

ASSAULTED STAFF USING WEAPON AND PHYSICAL FORCE. HEAVY WEAPON IN HIS POSSESSION. WILLING TO  
 USED ABUSIVE LANGUAGE TO STAFF.

Hearing Officer's Initials IDM

ORIGINAL — File Copy  
 COPY — Inmate

Color - Blue

ACI-6456

F-831-3

**Arkansas Department of Correction**

EAST ARKANSAS REGIONAL

**Unit****DISCIPLINARY HEARING ACTION**Inmate RONE, DARREN ADC # 120531 Date 03/18/2005**Evidence Relied Upon:**

1. F-1 STATES THAT INMATE STABBED STAFF WITH A HOMEMADE KNIFE (SHANK) WAS INSOLENT AND USED ABUSIVE LANGUAGE TO STAFF, USED DANGEROUS PHYSICAL FORCE AND ASSAULTED STAFF

2. 005 FROM MAJOR WILLIAMS, LT. WILLIAMS, OFC. AVANT, CPL. GOLATT AND SGT. SANDERS

3.

4.

5.

6.

7. If relevant, contraband observed: Actual Item NA Photo YES Receipt NA  
PHOTO OF WEAPON USED TO STABB STAFF

Describe: \_\_\_\_\_

**Reasons Why Information Purporting to Exonerate Inmate Was Discounted:**

STAFF REPORT ACCEPTED ALONG WITH 005'S FROM ASSISTING STAFF

**Reasons for Assessment of Punishment:**

INM RONE IS A CLASS IV INMATE WITH PRIORS. STILL HE MUST NOT USE WEAPONS TO ASSAULT STAFF AND USE PHYSICAL FORCE ON ANYONE ESPECIALLY STAFF. NOT BE INSOLENT, NOR USE ABUSIVE LANGUAGE AND NOT HAVE WEAPONS IN HIS POSSESSION

Hearing Officers Initials JLM

The Hearing Officer is reminded that if an informant provided first-hand information in the case, then that informant's name and written statement must only be presented to the Disciplinary Court. This information will be retained with the Disciplinary Case by the Hearing Officer/Administrator. Also, if an inmate claimed to have been sick, the opinion of the inmate's attorney must be obtained.

I have read this report and understand that I may appeal to the Warden about any decision made in this matter within (30) working days by completing the Disciplinary Appeal form.

Inmate's Signature \_\_\_\_\_ Counselor Substitute \_\_\_\_\_

Hearing Officer: I affirm that the information is true to the best of my knowledge.

Hearing Officer MS. JUANITA MATHIS 03/18/2005  
Signature DateORIGINAL — File  
COPY — Inmate

Color - Blue

ACI-6457



## GRIEVANCE ACKNOWLEDGEMENT

TO: Inmate Rone, Darren

ADC #: 120531A

FROM: Rochelle, Tammy K

TITLE: Grievance Officer

RE: Notification of Grievance Received.

GRIEVANCE #: VSM05-01221

DATE: 06/06/2005

Please be advised, I have received your Grievance dated 06/03/2005 on 06/06/2005

You will receive communication from this office regarding the Grievance by 07/05/2005

T. Rochelle

Signature of Grievance Officer/ARO

### CHOOSE ONE OF THE FOLLOWING

- ☒ This Grievance is of a medical nature and has been forwarded to the infirmary staff.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.

☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.

B. Harris

Warden/Center Supervisor's  
Signature



Ltrk Jim McCormack

PHOTOGRAPH

DARTON RONE  
ADE 120531

Defendants

RECEIVED  
MAIL ROOM:

JUN 19 2003

U.S. DISTRICT COURT  
E. DIST. OF ARKANSAS

SAY I HAVE ALREADY FILED AS HIDDEN  
ON THE DISCIPLINARY TAB BUST  
IT ON TO CENTRAL OFFICE, DETECTOR  
DAMES, GIBSON TO ME. NOT NEED  
TO GO THROUGH THE GRIEVANCE  
BECAUSE DISCIPLINARY IS NOT  
GRIEVANCE WOULD BE BUST TO  
ON TO DISCIPLINARY PLEASE INKSTATE  
3-75-03 APPROX 4:30 PM ON L. SHIFT  
WITH CAPTAIN AVANA, CPT. SANDERS  
CPT. BROWN AND CPT. BROWN  
JUMPING ON THE

Notes of the  
Jim McCormack